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APPLICANTS

Alison J. McMillan, Uttoxeter, UNITED KINGDOM;
 Graham Watson, Derby, UNITED KINGDOM;

** CONTINUING DATA ***** *Name AL*

** FOREIGN APPLICATIONS ***** *AL*
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>AL</i>	Examiner's Signature <i>AL</i>	Initials		

ADDRESS

20736

TITLE

Wavelet compression

FILING FEE RECEIVED 1072	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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